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FAIR POLITICAL PRACTICES COMMISSION  
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STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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By \_\_\_\_\_

A Public Document

Please type or print in ink.

|   |         |          |                          |
|---|---------|----------|--------------------------|
| NAME (LAST)                                   | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
| Nava  | Pedro   | I.       |                          |
| MAILING ADDRESS (Business Address Acceptable) | STREET  | CITY     | STATE ZIP CODE           |
|   |         |          | OPTIONAL: E-MAIL ADDRESS |

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
California State Assembly

Division, Board, District, if applicable:  
35

Your Position:  
Assemblymember

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State

County of \_\_\_\_\_

City of \_\_\_\_\_

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

▶ Total number of pages including this cover page: 4

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes -- schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes -- schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B  Yes -- schedule attached  
*Real Property*

Schedule C  Yes -- schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes -- schedule attached  
*Income - Gifts*

Schedule E  Yes -- schedule attached  
*Income - Gifts - Travel Payments*

-or-

No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed FEB 25, 2010  
(month, day, year)

Signature \_\_\_\_\_  
(File the original statement with your filing official.)





**SCHEDULE D**  
**Income - Gifts**

Name  
 Pedro I. Nava

▶ NAME OF SOURCE  
Bass for Assembly  
 ADDRESS (Business Address Acceptable)  
777 S. Figueroa St., Ste. 4050, Los Angeles 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

| DATE (mm/dd/yy)     | VALUE           | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>01 / 08 / 09</u> | <u>\$ 72.52</u> | <u>Jacket</u>          |
| <u> / / </u>        | <u>\$</u>       | <u></u>                |
| <u> / / </u>        | <u>\$</u>       | <u></u>                |

▶ NAME OF SOURCE  
California Tribal Business Alliance  
 ADDRESS (Business Address Acceptable)  
1530 J Street, Ste. 250 Sacramento 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

| DATE (mm/dd/yy)     | VALUE           | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>01 / 14 / 09</u> | <u>\$ 88.77</u> | <u>Reception</u>       |
| <u> / / </u>        | <u>\$</u>       | <u></u>                |
| <u> / / </u>        | <u>\$</u>       | <u></u>                |

▶ NAME OF SOURCE  
California Democratic Party  
 ADDRESS (Business Address Acceptable)  
1401 21st St., Ste. 200 Sacramento 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

| DATE (mm/dd/yy)     | VALUE           | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>01 / 08 / 09</u> | <u>\$ 73.27</u> | <u>Dinner</u>          |
| <u> / / </u>        | <u>\$</u>       | <u></u>                |
| <u> / / </u>        | <u>\$</u>       | <u></u>                |

▶ NAME OF SOURCE  
Pechanga Band of Mission Indians  
 ADDRESS (Business Address Acceptable)  
1415 L Street, Sacramento 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

| DATE (mm/dd/yy)     | VALUE           | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>04 / 10 / 09</u> | <u>\$ 12.95</u> | <u>Lunch</u>           |
| <u>04 / 10 / 09</u> | <u>\$ 56.21</u> | <u>Dinner</u>          |
| <u> / / </u>        | <u>\$</u>       | <u></u>                |
| <u> / / </u>        | <u>\$</u>       | <u></u>                |

▶ NAME OF SOURCE  
Assemblywoman Noreen Evans  
 ADDRESS (Business Address Acceptable)  
State Capitol, Room 6026 Sacramento 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

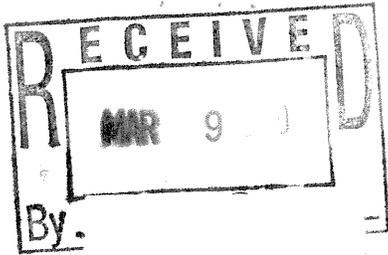
| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>03 / 12 / 09</u> | <u>\$ 110.00</u> | <u>Wine</u>            |
| <u> / / </u>        | <u>\$</u>        | <u></u>                |
| <u> / / </u>        | <u>\$</u>        | <u></u>                |

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> / / </u>    | <u>\$</u> | <u></u>                |
| <u> / / </u>    | <u>\$</u> | <u></u>                |
| <u> / / </u>    | <u>\$</u> | <u></u>                |

Comments: \_\_\_\_\_

HT 2009



EB

SCHEDULE D  
Income - Gifts

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
AMENDMENT

▶ NAME OF SOURCE  
Black Eagle Wines

ADDRESS (Business Address Acceptable)  
1818 L Street, Ste. 713, Sacramento

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Winery

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 11 / / 09       | \$ 65.00 | Wine                   |
| / /             | \$       |                        |
| / /             | \$       |                        |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

**Verification**

Print Name Pedro I. Nava

Office, Agency or Court State Assembly, District 35

Statement Type  2009/2010 Annual  Assuming  Leaving  
 10 Annual  Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/9/10  
(month, day, year)

Signature \_\_\_\_\_

Comments: Provide additional information to previously filed Form 700

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JUN 24 2010

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT 2010 JUN 24 PM 3:47

BY:

1. BUSINESS ENTITY OR TRUST

Huskinson, Brown & Nava

Name PO Box 90459 Santa Barbara, CA

Address (Business Address Acceptable)

Check one Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY Law Firm FAIR MARKET VALUE \$10,001 - \$100,000 ACQUIRED 09 DISPOSED 09 NATURE OF INVESTMENT Partnership YOUR BUSINESS POSITION Partner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box: INVESTMENT REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED 09 DISPOSED 09

NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership

Leasehold Yrs. remaining Other

Check box if additional schedules reporting investments or real property are attached

Comments: filed to complete Section 2

Verification Print Name Pedro Nava Office, Agency or Court State Assembly District 35 Statement Type 2009/2010 Annual Annual Assuming Leaving Candidate I have used all reasonable diligence... I certify under penalty of perjury... Date Signed 6/24/10 Signature